

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 4321	2 Total pages this report: 1/13	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Dr. Eugene		OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME LAST SUFFIX Finke			
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 701 La Cruz Drive El Paso TX 79902			
<input type="checkbox"/> Change of Address				
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI David			
	NICKNAME LAST SUFFIX Marcus			
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 6090 Surety Drive Suite 100 El Paso TX 79905			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION () -			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 04/24/2003 05/22/2003			
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special 05/30/0003			
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) Other -- City Council 1		
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..			
	Name			
	Address/PO Box; Apt. / Suite #; City; State; Zip Code			
<input type="checkbox"/> additional pages				
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME
Dr. Eugene Finke

15 ACCOUNT # (Ethics Commission filers)
4321

**16 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ **GENERAL**

☐ **SPECIFIC**

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

**17 NO REPORTABLE
ACTIVITY**

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

**18 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 150.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 6900.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

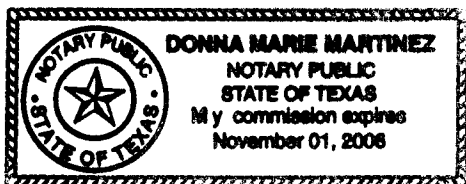
\$ 8309.22

**OUTSTANDING
LOAN TOTALS**

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Eugene Finke
Signature of Candidate or Officeholder

Donna Marie Martinez
Notary

Done to and Subscribed before me, by the said Dr. Eugene Finke, this the 23rd day of May, 2003, to certify which, witness my hand and seal of office.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:

3/13

2 FILER NAME

Dr. Eugene Finke

3 ACCOUNT # (Ethics Commission filers)

4321

4 Date

05/02/2003

5 Full name of contributor ☐ out-of-state PAC(ID# _____)

Anderson, Anderson, Bright & Crout

6 Contributor address; City; State; Zip Code
1533 N. Lee Trevino, Suite 205

El Paso TX 79936

7 Amount of contribution (\$)

250.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

05/02/2003

Full name of contributor ☐ out-of-state PAC(ID# _____)

Steven Anderson

Contributor address; City; State; Zip Code
916 Park Dr.

EL Paso TX 79902

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/08/2003

Full name of contributor ☐ out-of-state PAC(ID# _____)

Associated General Contractors

Contributor address; City; State; Zip Code
4625 Ripley

EL Paso TX 79922

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

05/01/2003

Full name of contributor ☐ out-of-state PAC(ID# _____)

Randy Brock

Contributor address; City; State; Zip Code
342 Lombardy Ave

El Paso TX 79922

Amount of contribution (\$)

125.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

04/30/2003

Full name of contributor ☐ out-of-state PAC(ID# _____)

Roman Bustillos

Contributor address; City; State; Zip Code
6721 Pearl Ridge Drive

El Paso TX 79912

Amount of contribution (\$)

125.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
4/13

2 FILER NAME
Dr. Eugene Finke

3 ACCOUNT # (Ethics Commission filers)
4321

4 Date
05/12/2003

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Richard Cane

6 Contributor address; City; State; Zip Code
2027 Airway Blvd
El Paso TX 79925

7 Amount of contribution (\$)
250.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date
05/15/2003

Full name of contributor ☐ out-of-state PAC(ID# _____)
J.A. Cardwell

Contributor address; City; State; Zip Code
PO Box 26808
EL Paso TX 79926

Amount of contribution (\$)
1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
05/19/2003

Full name of contributor ☐ out-of-state PAC(ID# _____)
Delgado, Acosta, Spencer, Linebarger, Heard & Perez

Contributor address; City; State; Zip Code
215 N. Stanton
El Paso TX 79901

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
04/24/2003

Full name of contributor ☐ out-of-state PAC(ID# _____)
El Paso Police Officer's Association

Contributor address; City; State; Zip Code
747 E. San Antonio
Suite 103
El Paso TX 79901

Amount of contribution (\$)
2200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
05/20/2003

Full name of contributor ☐ out-of-state PAC(ID# _____)
Hotel Motel Association of El Paso

Contributor address; City; State; Zip Code
1701 West Avenue
Austin TX 78701

Amount of contribution (\$)
250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
5/13

2 FILER NAME
Dr. Eugene Finke

3 ACCOUNT # (Ethics Commission filers)
4321

4 Date 05/22/2003

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Robert E. Jones

6 Contributor address; City; State; Zip Code
12100 Esther Lama
El Paso TX 79936

7 Amount of contribution (\$) 1000.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date 05/09/2003

Full name of contributor ☐ out-of-state PAC(ID# _____)
James McDaniell

Contributor address; City; State; Zip Code
907 Crossroads
Houston TX 77079

Amount of contribution (\$) 100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date 05/22/2003

Full name of contributor ☐ out-of-state PAC(ID# _____)
Joe Rosales

Contributor address; City; State; Zip Code
9104 Mettler
El Paso TX 79925

Amount of contribution (\$) 200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date 04/24/2003

Full name of contributor ☐ out-of-state PAC(ID# _____)
Bernard Roth

Contributor address; City; State; Zip Code
El Paso TX 79912

Amount of contribution (\$) 100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC(ID# _____)
Henry Taylor

Contributor address; City; State; Zip Code
PO Box 220462
EL Paso TX 79913

Amount of contribution (\$)

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A 1**
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
6/13**2** FILER NAME
Dr. Eugene Finke**3** ACCOUNT # (Ethics Commission filers)
4321**4** Date

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Henry Taylor

04/25/2003

6 Contributor address; City; State; Zip Code
PO Box 220462
EL Paso TX 79913**7** Amount of
contribution (\$)

150.00**8** In-kind contribution
description (if applicable)**9** Principal occupation (Optional)**10** Employer (Optional)

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
7/13**2 FILER NAME**

Dr. Eugene Finke

3 ACCOUNT # (Ethics Commission filers)
4321**4 Date**

05/20/2003

5 Payee name

Bench Ads of El Paso

7 Amount(\$)
204.00**6 Payee address; City; State; Zip Code**

6006 N. Mesa

El Paso TX 79912

8 Purpose of expenditure (See instructions regarding type of information required.)
Advertising**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**Date**

05/22/2003

Payee name

H & H Mailing

Amount(\$)
403.75**Payee address; City; State; Zip Code**

9020 Mayflower

El Paso TX 79925

Purpose of expenditure (See instructions regarding type of information required.)
MailingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**Date**

05/22/2003

Payee name

H & H Mailing

Amount(\$)
64.20**Payee address; City; State; Zip Code**

9020 Mayflower

El Paso TX 79925

Purpose of expenditure (See instructions regarding type of information required.)
MailingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**Date**

04/24/2003

Payee name

Impressions Advertising

Amount(\$)
1490.90**Payee address; City; State; Zip Code**

442 Crown Point

El Paso TX 79912

Purpose of expenditure (See instructions regarding type of information required.)
Media PurchaseComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** Total pages report:
8/13**2** FILER NAME
Dr. Eugene Finke**3** ACCOUNT # (Ethics Commission filers)
4321**4** Date
04/24/2003**5** Payee name
Impressions Advertising**7** Amount
(\$)
1800.00**6** Payee address; City; State; Zip Code
442 Crown Point
El Paso TX 79912**8** Purpose of expenditure (See instructions regarding type of information required.)
Advertising**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

04/24/2003

Payee name
Impressions AdvertisingAmount
(\$)
600.00Payee address; City; State; Zip Code
442 Crown Point
El Paso TX 79912Purpose of expenditure (See instructions regarding type of information required.)
Television ProductionComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

05/08/2003

Payee name
Impressions AdvertisingAmount
(\$)
1000.00Payee address; City; State; Zip Code
442 Crown Point
El Paso TX 79912Purpose of expenditure (See instructions regarding type of information required.)
Campaign suppliesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

04/24/2003

Payee name
Labor ReadyAmount
(\$)
602.41Payee address; City; State; Zip Code
PO Box 676412
Dallas TX 75267Purpose of expenditure (See instructions regarding type of information required.)
Campaign LaborComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** Total pages report:
9/13**2** FILER NAME
Dr. Eugene Finke**3** ACCOUNT # (Ethics Commission filers)
4321**4** Date
05/08/2003**5** Payee name

Labor Ready

7 Amount
(\$)
400.80**6** Payee address; City; State; Zip Code

PO Box 676412

Dallas TX 75267

8 Purpose of expenditure (See instructions regarding type of information required.)
Campaign Labor**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

04/24/2003

Payee name

Joanne Lopez

Amount
(\$)
300.00

Payee address; City; State; Zip Code

7929 Morley Drive

El Paso TX 79925

Purpose of expenditure (See instructions regarding type of information required.)
Campaign LaborComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

05/19/2003

Payee name

David Marcus

Amount
(\$)
46.88

Payee address; City; State; Zip Code

6090 Surety Drive

Suite 100

El Paso TX 79905

Purpose of expenditure (See instructions regarding type of information required.)
suppliesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

05/19/2003

Payee name

David Marcus

Amount
(\$)
21.00

Payee address; City; State; Zip Code

6090 Surety Drive

Suite 100

El Paso TX 79905

Purpose of expenditure (See instructions regarding type of information required.)
Food for meetingComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** Total pages report:
10/13**2** FILER NAME
Dr. Eugene Finke**3** ACCOUNT # (Ethics Commission filers)
4321**4** Date
05/19/2003**5** Payee name
David Marcus**7** Amount
(\$)
38.00**6** Payee address; City; State; Zip Code
6090 Surety Drive
Suite 100
El Paso TX 79905**8** Purpose of expenditure (See instructions regarding type of information required.)
Labor costs**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
05/19/2003Payee name
David MarcusAmount
(\$)
35.00Payee address; City; State; Zip Code
6090 Surety Drive
Suite 100
El Paso TX 79905Purpose of expenditure (See instructions regarding type of information required.)
Labor costsComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
05/19/2003Payee name
David MarcusAmount
(\$)
35.00Payee address; City; State; Zip Code
6090 Surety Drive
Suite 100
El Paso TX 79905Purpose of expenditure (See instructions regarding type of information required.)
Labor CostsComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
05/19/2003Payee name
David MarcusAmount
(\$)
38.00Payee address; City; State; Zip Code
6090 Surety Drive
Suite 100
El Paso TX 79905Purpose of expenditure (See instructions regarding type of information required.)
Labor costsComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** Total pages report:
11/13**2** FILER NAME
Dr. Eugene Finke**3** ACCOUNT # (Ethics Commission filers)
4321**4** Date

05/19/2003

5 Payee name

David Marcus

7 Amount

(\$)

36.00

6 Payee address; City; State; Zip Code6090 Surety Drive
Suite 100
El Paso TX 79905**8** Purpose of expenditure (See instructions regarding type of information required.)
Labor Costs**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

05/19/2003

Payee name

David Marcus

Amount

(\$)

34.00

Payee address; City; State; Zip Code

6090 Surety Drive
Suite 100
El Paso TX 79905Purpose of expenditure (See instructions regarding type of information required.)
Labor CostsComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

05/19/2003

Payee name

David Marcus

Amount

(\$)

25.00

Payee address; City; State; Zip Code

6090 Surety Drive
Suite 100
El Paso TX 79905Purpose of expenditure (See instructions regarding type of information required.)
Labor CostsComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

05/19/2003

Payee name

David Marcus

Amount

(\$)

7.50

Payee address; City; State; Zip Code

6090 Surety Drive
Suite 100
El Paso TX 79905Purpose of expenditure (See instructions regarding type of information required.)
SuppliesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
12/13**2** FILER NAME
Dr. Eugene Finke**3** ACCOUNT # (Ethics Commission filers)
4321**4** Date
05/21/2003**5** Payee name
David Marcus**7** Amount
(\$)
384.08**6** Payee address; City; State; Zip Code
6090 Surety Drive
Suite 100
El Paso TX 79905**8** Purpose of expenditure (See instructions regarding type of information required.)
Supplies for Printing**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

05/22/2003

Payee name
David MarcusAmount
(\$)
11.60Payee address; City; State; Zip Code
6090 Surety Drive
Suite 100
El Paso TX 79905Purpose of expenditure (See instructions regarding type of information required.)
SuppliesComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

04/24/2003

Payee name
Rosemary MelendezAmount
(\$)
50.00Payee address; City; State; Zip Code
6090 Surety Dr, Suite 100
El Paso TX 79905Purpose of expenditure (See instructions regarding type of information required.)
Campaign LaborComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

05/19/2003

Payee name
Rosemary MelendezAmount
(\$)
81.10Payee address; City; State; Zip Code
6090 Surety Dr, Suite 100
El Paso TX 79905Purpose of expenditure (See instructions regarding type of information required.)
Campaign LaborComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** Total pages report:
13/13**2 FILER NAME**

Dr. Eugene Finke

3 ACCOUNT # (Ethics Commission filers)
4321**4** Date

05/19/2003

5 Payee name

Elsie Morgan

7 Amount

(\$)

300.00

6 Payee address; City; State; Zip Code

5890 Bandolero

El Paso TX 79912

8 Purpose of expenditure (See instructions regarding type of information required.)

Campaign Labor

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

04/24/2003

Payee name

Patti Pinon

Amount

(\$)

300.00

Payee address; City; State; Zip Code

7929 Morley Dr.

El Paso TX 79925

Purpose of expenditure (See instructions regarding type of information required.)

Campaign Labor

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held